

FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440.

For Official Use Only

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - 13084	2. Fiscal Year Covered From 01 / 01 / 2004 Through: 12 / 31 / 2004
3. Name and address of person filing. Name Paul A Morales P.O. Box, Bldg., Room No., if any 4C Street 1425 Liliha Street City Honolulu State Hawaii ZIP Code + 4 96817	4. Name, file number, and address of labor organization. Name Asbestos Workers AFL-CIO LU 132 Labor Organization File Number 054-642 P.O. Box, Building and Room Number, if any 206 Street 1707 Alakea Street City Honolulu, State Hawaii ZIP Code + 4 96813
5. Position in labor organization. President	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	7.a. Nature of Interest, Transaction, or Income. 7.b. Amount.

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)		
Signed <u>Paul Morales</u>	On <u>8/12/05</u> Date	<u>808 330-1628</u> Telephone Number

Name of Person Filing Paul Morales	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name Asbestos Workers Of Hawaii Supplemental Unemployment Benefits Trust</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any 625</p> <p>Street 677 Ala Moana Blvd.</p> <p>City Honolulu</p> <p>State Hawaii ZIP Code + 4 96813-5419</p>	<p>9. Business deals with:</p> <p><input checked="" type="checkbox"/> XXa. Labor Organization</p> <p><input type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>11.a. Nature of such dealing.</p> <p>Labor Board of Trustee.</p> <p>To see that contributions received is for the exclusive purpose of providing benefits to participants and their beneficiaries and defray reasonable expenses of administration.</p>
	<p>11.b. Approximate dollar value of such dealing. See attach</p>
	<p>12.a. Nature of interest held or income received.</p> <p>Attend quarterly & annual meeting.</p>
	<p>12.b. Amount. \$9.00</p>

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>14.a. Nature of payment.</p>
<p>13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?</p>	<p>14.b. Amount of payment.</p>

Name of Person Filing Paul Morales	File Number U-
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<p>8. Name and address of Business (including trade name, if any).</p> <p>Name Asbestos Workers Training Fund</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any 625</p> <p>Street 677 Ala Moana Blvd.</p> <p>City Honolulu</p> <p>State HI ZIP Code + 4 96813-5419</p>	<p>9. Business deals with:</p> <p>XX a. Labor Organization</p> <p>b. Trust</p> <p>c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>11.a. Nature of such dealing. Labor Trustee for Board & Substitute Instructor. Provide participants in the Industry adequate training to be a skilled worker and to defray reasonable expenses of administration cost necessary to obtain employment.</p> <p>11.b. Approximate dollar value of such dealing. See attach</p> <p>12.a. Nature of interest held or income received. Instructors Fees: \$125.00 Meeting : 4.00</p> <p>12.b. Amount. \$129.00</p>

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>14.a. Nature of payment.</p>
<p>13.b. Is the Business an Employer or Consultant ?</p>	<p>14.b. Amount of payment.</p>

Name of Person Filing Paul Morales	File Number U-
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8. Name and address of Business (including trade name, if any).

Name **Asbestos Workers of Hawaii Health & Welfare**

Trade Name, if any:

P.O. Box, Bldg., Room No., if any **625**

Street **677 Ala Moana Blvd.**

City **Honolulu**

State **HI** ZIP Code + 4 **96813-5419**

9. Business deals with:

☒ a. Labor Organization

b. Trust

c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

11.a. Nature of such dealing.

Educational

11.b. Approximate dollar value of such dealing. See attach

12.a. Nature of interest held or income received.

Educational Conference to keep informed of medical, dental, drug up dates

12.b. Amount. **\$2,421.00**

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer or Consultant ?

14.b. Amount of payment:

Name of Person Filing	Paul Morales	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name Asbestos Workers of Hawaii Supplemental Trust Pension Trust</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any 625</p> <p>Street 677 Ala Moana Blvd.</p> <p>City Honolulu</p> <p>State HI ZIP Code + 4 96813-5419</p>	<p>9. Business deals with:</p> <p>XX a. Labor Organization</p> <p>b. Trust</p> <p>c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>11.a. Nature of such dealing.</p> <p>Educational</p>
	<p>11.b. Approximate dollar value of such dealing. See attach</p>
	<p>12.a. Nature of interest held or income received.</p> <p>Educational Conference to keep informed of pension improvements</p>
	<p>12.b. Amount. \$4,383.00</p>

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>14.a. Nature of payment.</p>
<p>13.b. Is the Business an Employer or Consultant ?</p>	<p>14.b. Amount of payment.</p>

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ASBESTOS WORKERS	
Information for LM-30	
Union member:	Morales, Paul
Fiscal Year:	1/04 - 12/04

MEETINGS

FUND	DATE	PLACE	PER PERSON	COMMENTS
Pension	3/4/04	Fisherman's	\$29.51	
	5/14/04	Turtle Bay	\$264.07	
	11/16/04	Fisherman's	\$35.15	
	subtotal		\$328.73	
SUB	3/4/04	Fisherman's	\$0.82	
	5/14/04	Turtle Bay	\$7.35	
	11/16/04	Fisherman's	\$0.98	
	subtotal		\$9.15	
Training	3/4/04	Fisherman's	\$0.34	
	5/14/04	Turtle Bay	\$3.01	
	11/16/04	Fisherman's	\$0.40	
	subtotal		\$3.75	
TOTAL			\$341.63	

CONFERENCES

FUND	DATE	PLACE	PER PERSON	COMMENTS
Pension	5/27-31/04	HUB Conf.	\$1,338.46	
	6/13-18/04	Trust & Admin	\$2,870.47	
	11/29-12/4/04	50th Annual	\$3,878.60	
	subtotal		\$8,087.53	
SPF	5/27-31/04	HUB Conf.	\$725.32	
	6/13-18/04	Trust & Admin	\$1,555.54	
	11/29-12/4/04	50th Annual	\$2,101.86	
	subtotal		\$4,382.72	
H&W	5/27-31/04	HUB Conf.	\$420.81	
	6/13-18/04	Trust & Admin	\$850.59	
	11/29-12/4/04	50th Annual	\$1,149.32	
	subtotal		\$2,420.72	
TOTAL			\$14,890.97	

TRAINING

INSTRUCTOR'S FEE		
DATE	AMOUNT	PERIOD
6/3/2004	\$125.00	1/04 - 4/04
TOTAL		\$125.00

RECAP

Meetings	\$341.63
Conference	\$14,890.97
Training	<u>\$125.00</u>
TOTAL	\$15,357.60